		on Cancer Registry Treatment and Out L DIAGNOSIS AND TREATMENT FORM	
		0	FCCR # PCGN # Group #
Name	::	, FIRST	
Sex:			
	Male		
	Female		
	Unknown		
Data	of Birth:		
Date C	or Birut.		
MM	 		
YYYY			
CLIN	IICAL DIAGNOSIS AND	TREATMENT - BASELINE	
	ce of Diagnosis:		
Name	2	City or Town	MOH Code
2. Site	of Cancer(s):		4-Digit ICD-9 Code
1.	- Jaco Harris		1 Digit 10D 5 Code
2.			
3.			
4.			
5.			
	e of initial diagnosis of colorec	tal cancer (please use histological date i.e.	Date of pathology report):
DD			
MM YYYY			
	Unknown		
	<u> </u>		
	operative symptoms (please ch		
	None, asymptomatic (detecte	ed by screening)	
	Bleeding		
	Constipation Diarrhea		
	Pain		
	Weight Loss		
П	Other Please Specify:		

Unknown

5. Me	thod of colorectal cancer diagnosis:
	Colonoscopy
	Rigid sigmoidoscopy
	Flexible sigmoidoscopy
	Sigmoidoscopy NOS
	Barium enema
	Chest x-ray
	Chest CT scan
	Abdominal/Pelvic CT scan
	Ultrasound
	Other Please Specify:
	Unknown
	·
6. Typ	be of definitive surgery for colorectal cancer (SEER coding used) (please attach all pathology and operative
reports	for this colorectal cancer):
	None
	Local tumour destruction, i.e. laser, electrocautery
	Local surgical excision with specimen i.e. polypectomy, snare
	Segmental resection, not hemi-colectomy i.e. cecectomy, appendectomy, sigmoidectomy, partial
	resection of transverse colon and flexures, iliocolectomy, enterocolectomy, partial colectomy, NOS
	□ Low Anterior
	Hemi-colectomy, but not total. Right or left, must include a portion of transverse colon
	Abdominoperineal resection
	Total or subtotal colectomy, not rectum
	Colectomy NOS
	Segmental colectomy + other organs (*Please specify below)
	Hemi-colectomy + other organs (*Please specify below)
	Total or subtotal colectomy or + other organs (*Please specify below)
	Abdominoperineal resection + other organs (*Please specify below)
	Other Please Specify:
	Unknown
*If Ot	ther Organs were removed:
	Spleen
	Gallbladder
	Appendix (not a part of colon resection)
	Stomach
	Pancreas
	Small intestine
	Liver
	Abdominal Wall, Retroperitoneum
	Adrenal
	Kidney
	Bladder
	Urethra
	Ovary
	Uterus
	Vagina
	Prostate
	Other Please Specify:
	Unknown

7. If r	no surgery was performed, reason:		
	Patient Refusal		
	Antecedent Death		
	Medical Contraindication		
	Other Please Specify:		
	Unknown		
0 Cur	mmany of disease from nathology report only		
pT	mmary of disease from pathology report only:		
pΝ			
рМ			
	Unknown		
	CHAINT		
9. If p	N1 or greater (if pN0 pls. go to #14):		
	er of Nodes Reported		
	er of Nodes Positive		
	athological Stage of disease (from all information available):		
Т			
N			
М			
	Unknown		
	Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown		
	ther Pathology Identified:	1	1
Yes	Type:	No	Unknown
	☐ Crohn's Disease☐ Ulcerative colitis		
	☐ Diverticulosis/it is		
	□ Perforation		
	□ Other Please Specify:		
		'	•
13. Pr	reoperative CEA (carcinoembryonic antigen):		
	Yes ug/L		
	No		
	Unknown		
14 D	ate of Blood Test for Broompratics CEA.		
DD	ate of Blood Test for Preoperative CEA:		
MM			
YYYY	 		
	Unknown		
	Official with		

15. Date o	f sur	gery:				
DD						
MM						
YYYY	_					
□ Ur	nknov	wn				
16. Primar	v sur	gery hospital:				
Name	,	<u> </u>		City or Town	MOH C	ode
				,		
17. Operat	ing S	Surgeon:			•	
and/or the Tur	disc nour	harge summary) not entirely resected entirely	cted	e obtain information froi	m the operative	report
19 Onerat	ive f	indinas Distant (ı	ols obtain info from	the operative report &/	or the discharge	summary).
No Metasta		Metastatic	Type of Metastatic		or the discharge	Unknown
Disease	40.0	Disease Found	1770 01 1100000000	Diocase i Garia.		- Cimaloviii
			☐ Ascites	s, other than in mesente	ny of planned	
			resection	s, other than in mesente	ry or planned	
			Liver			
			□ Lung			
			□ Omentum			
			☐ Abdominal wall			
			□ Ovaries			
			□ Bone			
			☐ Peritoneum			
			☐ Mesentery			
			☐ Other Please S	pecity:		
20. Margin	s:					
Negative		sitive			Unknown	
		Proximal				
_		Distal			_	
		Radial				
		Naulai			<u> </u>	
			se Specify:			

(CON	CURRENT) PRIMARY DIAG	NOSIS #	Please see Ques	s.#2 to identif	y Site #.
(Please	e complete	a separate form for	or each primary diag	nosis).		
21. Gr	ade of Prim	nary:				
Well		Moderately	Poorly	Undifferentiated	Unknown	
Differe	entiated	Differentiated	Differentiated			
22. Ce	ell Type:					
	denoca.					
	IOS					
	1ucinous					
	ignet ring o					
		ase specify:				
□ U	Inknown					
23. Va	scular Inva	ision:				
	Yes					
	No					
	Unknown					
24 Lv	mphatic In	vacion:				
	Yes	vasion.				
	No					
	Unknown					
25. Pe	rineural Inv	vasion:				
	Yes					
	No					
	Unknown					
· · · · · · · · · · · · · · · · · · ·						

		ed in a clinical t	rial:				
		ase Specify:					
	No .						
	Jnknown						
27. Onc	ologist(s)	: □	Not assessed				
1.				3.			
2.				4.			
28. Che	motherap	v aiven (If ves,	pls. complete	Treatment	t table below &	attach all flow sh	neets):
	ype .	No (Pls. go		nown			,
	Adjuvant						
	Palliative						
			·				
Height		Weight	B.S.A.				
	cm	k		m2			
☐ Unkno	own	□ Unknown	☐ Unknow	vn			
			<u>T (</u> For cyclic ch	emo., pls	report each cy	cle <i>separately</i> e.	g. 1, 2, 3, 4)
		DIAGNOSIS			Elow shoot at	tacked V/N:	
FIRST CO	ourse On	ııy.			riow sneet at	tached Y/N:	
Cycle #	Name		Drug Dosage	IV/PO	Days Given	Date Given	Palliative
							Therapy Response
							☐ Progression
							□ Stable
							☐ Minor
							☐ Partial
							☐ Complete
					<u> </u>	ļ	□ Unknown
							□ Progression
						l	☐ Stable
							☐ Minor ☐ Partial
			-				☐ Complete
							☐ Unknown
					+		□ Progression
							☐ Frogression ☐ Stable
							☐ Minor
							□ Partial
							□ Complete
							□ Unknown
							☐ Progression
							☐ Stable
							☐ Minor
							□ Partial
							☐ Complete
					<u> </u>		□ Unknown
					 	 	□ Progression
							□ Stable
 							☐ Minor
					I ———	I	☐ Partial
					1		□ Complete□ Unknown
	L			I			

								☐ Progression ☐ Stable ☐ Minor ☐ Partial ☐ Complete ☐ Unknown ☐ Progression ☐ Stable
								 □ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown
22 5 1	P 12	, , , , ,		,	, ,	"		
	liation given (Type	(<i>piease attac</i> No	ch all flow	<i>sneet</i> Unkn		avallable):		
	<u>⊤ype</u> □ Adjuvant				IOWII			
	□ Palliative							
	ICAL FOLI					IAGNOSIS al diagnosis:		
Yes	Check off as section.	many that	apply and	comp	lete the co	orresponding	None	Unknown
		ional Recu	irrence					
		Recurrence	_					
		on-Colored		ary				
		al Primary	•					
	□ Death							
34. Patie	ent Enrolled i	n a clinical t	rial since h	oaselir	ne:			
	ent Enrolled i Yes Please		rial since b	oaselir	ne:			
	Yes Please No	n a clinical t Specify:	rial since b	oaselir	ne:			
	Yes Please		rial since t	oaselir	ne:			

<u>CHEMOTHERAPY TREATMENT</u> (For cyclic chemo., pls. report each cycle *separately* e.g. 1, 2, 3, 4) <u>FOR FIRST LOCOREGIONAL RECURRENCE</u>

First Course. Flow sheet attached Y/N: _____

Cycle #	Name	Drug Dosage	IV/PO	Days Given	Date Given	Palliative Therapy
						Response Progression Stable Minor Partial Complete Unknown
						□ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown
						□ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown
						□ Progression□ Stable□ Minor□ Partial□ Complete□ Unknown
						□ Progression□ Stable□ Minor□ Partial□ Complete□ Unknown
						□ Progression□ Stable□ Minor□ Partial□ Complete□ Unknown
						□ Progression□ Stable□ Minor□ Partial□ Complete□ Unknown
						□ Progression□ Stable□ Minor□ Partial□ Complete□ Unknown

40. R	adiation given	(please attach all flo	w sheets, where available)		
Yes	Туре	No	Unknown		
	☐ Adjuvant				
	☐ Palliative				
41. C		: given (<i>please attach</i>	all documents):		
	Yes				
	No				
	Unknown				
42.0	thor Locarogia	nal recurrence cites s	ofter the first site was ident	tified (places shock	coff all that anniv);
72. 0	tilei Locolegio	nai recuirence sites a	after the first site was ident Diagnosed	Diagnosed	Diagnosed
	Site		Day	Month	Year
	Anastomosis		Day	Tioner	rear
	Mesentery				
		all (not incisional)			
	Incisional	an (not incisional)			
	Pelvis				
	Other Please	e specify:			
	Unknown				
If apprepar	None (go plicable, please ts, operative re	attach copies of doceports, etc.) with the	umentation (i.e. radiology date of first detection of si istant recurrence (please o	te(s) of first distan	t recurrence(s).
			First Diagnosed	First Diagnosed	First Diagnosed
	Site		Day	Month	Year
	Liver				
	Lung				
	Bone				
	Ascites				
		ric lymph nodes (exc ar) Please specify:			
	Supraclavicula	ar nodes			
	Brain				
	Skin, except ii	ncision			
	Please specify	/:			
	Adrenal gland				
	Other				
	Please specify	/:			
44. S	urgery for dista	ant recurrence:			
	, ,				
	Yes Please s				

46. Onc 1. 2.	Yes No Unknown ologist(s):		Not assessed	3. 4.	table below & a	attach all flow sh	eets):
Yes T	ype Adjuvant Palliative	No (Pls. go		nown			
□ Unkno	cm own OTHERAP	☐ Unknown TREATMEN	☐ Unkno T (For cyclic ch		report each cyc	cle <i>separately</i> e.ç	j. 1, 2, 3, 4)
First Co		ANT RECURI	Drug Dosage	IV/PO	low sheet att	Date Given	Palliative
							Therapy Response Progression Stable Minor Partial Complete Unknown
							 □ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown
							□ Progression□ Stable□ Minor□ Partial□ Complete□ Unknown
							 □ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown

□ Progression□ Stable

☐ Minor

□ Partial
□ Complete
□ Unknown

				□ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown □ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown □ Partial □ Complete □ Unknown □ Progression □ Stable □ Minor □ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown
48. R Yes	adiation given (<i>please attach all flow sheets,</i> Type No Unkno Adjuvant Palliative			
	ther treatment given (<i>please attach all docu</i> Yes No Unknown Other Distant recurrence sites after the first s		please check off all	l that apply):
		Diagnosed	Diagnosed	Diagnosed
	Site Liver	Day	Month	Year
	Lung			
	Bone			
	Ascites			
	Non-mesenteric lymph nodes (except supraclavicular) Please specify:			
	Supraclavicular nodes			
	Brain			
	Skin, except incision Please specify:			
	Adrenal gland			
	Other			
	Please specify:			

	pital of Diag	nosis:		1		1.			_
Name				City or	Town		MOH Cod	e	4
52 Site	s of new No	n-Colorectal	Primary Cancer	(s) since the ir	nitial diagnosis of	Colored	tal cance	r·	
Cancer	Site	ii colorectai	Timary caricer	(3) 311100 1110 11	ildar diagriosis oi		Digit ICD-		\neg
1.	0.00						J.g.c 105	<u> </u>	_
2.									
3.									
4.									
5.									
Cancer 1. 2. 3. 4. 5.	Day	Month	Year Stal Primary Can		r(s) (please use	Histolog	icai date)	•	
Cancer	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4	Unkno	wn		
1.									
2.									
3.									
4.									
5.									
NEW (COLOREC	to #80)	MARY(S)						
55. Site	None (go of Cancer(s	s):							1
		s):			4-Digit ICD-9 Code	Diag. Day	Diag. Month	Diag. Year	Unkno
55. Site Cancer	of Cancer(s	s):							Unkno
55. Site Cancer 1. 2.	of Cancer(s	s):							
55. Site Cancer 1. 2. 3.	of Cancer(s	s):							
55. Site Cancer 1. 2.	of Cancer(s	s):							

OTHER NON-COLORECTAL PRIMARY(S)

		· · · · · · · · · · · · · · · · · · ·					
56. Pr	eoperative symptoms (please check all that apply):	•					
	None, asymptomatic (detected by screening)						
	Bleeding						
	Constipation						
	Diarrhea						
	Pain						
	Weight Loss						
	Other Please Specify:						
	Unknown						
-		•					
57. Me	ethod of colorectal cancer diagnosis (check all that apply):						
	Colonoscopy						
	Rigid sigmoidoscopy						
	Flexible sigmoidoscopy						
	Sigmoidoscopy NOS						
	Barium enema						
	Chest x-ray						
	Chest CT scan						
	Abdominal CT scan						
	Ultrasound						
	Unknown						
	vpe of definitive surgery for colorectal cancer (SEER coding used) (please attach a tive reports for this colorectal cancer):	all pathology and					
	None (please go to #18)						
	Local tumour destruction, i.e. laser, electrocautery						
	Local surgical excision with specimen i.e. polypectomy, snare						
	Segmental resection, not hemi-colectomy i.e. cecectomy, appendectomy, sigmo	oidectomy, partial					
	resection of transverse colon and flexures, iliocolectomy, enterocolectomy, part						
	□ Low Anterior	,,					
	Hemi-colectomy, but not total. Right or left, must include a portion of transverse colon						
	Abdominoperineal resection						
	Total or subtotal colectomy, not rectum						
П	Colectomy NOS						
	Segmental colectomy + other organs (*Please specify below)						
	Hemi-colectomy + other organs (*Please specify below)						
	Total or subtotal colectomy or + other organs (*Please specify below)						
	Abdominoperineal resection + other organs (*Please specify below)						
	Other Please Specify:						
	Unknown						
	OTINIOWIT						
*If Ot	her Organs were removed:						
	Spleen						
	Gallbladder						
	Appendix (not a part of colon resection)						
	Stomach						
	Pancreas						
	Small intestine						
	Liver						
	Abdominal wall, Retroperitoneum						
	Adrenal						
	Kidney						
	Mariey						

	Bladder		
	Urethra		
	Ovary		
	Uterus		
	Vagina		
	Prostate		
	Other Please Specify:		
	Unknown		
			-
_59. If	no surgery was performed, reason:		
	Patient Refusal		
	Antecedent Death		
	Medical Contraindication		
	Other Please Specify:		
	Unknown		
60. S	ummary of disease from pathology report only:		
рТ			
pΝ			
рМ			
	Unknown		
Numb	pN1 or greater (<i>if pN0 pls. go to #D8</i>): per of Nodes Reported per of Nodes Positive		
	athological Stage of disease (from all information available): Unknown		
62. Pa	athological Stage of disease (from all information available):		
62. Po	Unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown		
62. Pa	Unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown ther Pathology Identified:	No	Unknown
62. Pa	Unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown ther Pathology Identified: Type:	No	i
62. Pa	Unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown ther Pathology Identified:	No	Unknown □
62. Pa	Unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown ther Pathology Identified: Type: Crohn's Disease Ulcerative colitis		i
62. Pa	unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown ther Pathology Identified: Type: Crohn's Disease		Unknown
62. Pa	Unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown ther Pathology Identified: Type: Crohn's Disease Ulcerative colitis Diverticulosis/it is Perforation		i
62. Pa	Unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown ther Pathology Identified: Type: Crohn's Disease Ulcerative colitis Diverticulosis/it is Perforation		i
62. Pa	Unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown ther Pathology Identified: Type: Crohn's Disease Ulcerative colitis Diverticulosis/it is Perforation Other Please Specify:		i
62. Po	Unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown ther Pathology Identified: Type: Crohn's Disease Ulcerative colitis Diverticulosis/it is Perforation Other Please Specify: reoperative CEA (carcinoembryonic antigen):		i
62. Pa	Unknown tage of disease at initial diagnosis (from all information available) Stage 0 Stage 1 Stage 2 Stage 3 Stage 4 Unknown ther Pathology Identified: Type: Crohn's Disease Ulcerative colitis Diverticulosis/it is Perforation Other Please Specify:		i

66 Date	of Blo	od Test for Preop	erative CEA:				
DD Date	טוטוס	1	CIGUIC CLAI				
MM							
YYYY							
	Unknov	vn					
		···					
67. Date	of sur	gery:					
DD							
MM							
YYYY							
	Unknov	vn					
68. Prima	ary sur	gery hospital:					
Name				City or Town	MOH Co	de	
69. Oper	ating S	Surgeon:					
and/or th	ne disc	narge summary)		e obtain information from	m the operative r	eport	
		not entirely rese					
		<u>entirely</u> resected					
	Inknow	n					
71. Oper	ative fi	ndings, Distant (į	ols. obtain info. from	the operative report &/	or the discharge s	summary):	
No Meta		Metastatic	Type of Metastatic			Unknown	
Disease		Disease Found	,,				
			☐ Ascites	s, other than in mesente	ny of plannod		
			resection	s, other than in mesente	ry or planned		
			Liver				
			Lung				
			□ Omentum				
			□ Abdominal wall				
			□ Ovaries				
			Bone				
			□ Peritoneum				
			☐ Mesentery				
				pecify:			
					_		
72. Marg					 		
Negative	Pos	sitive			Unknown		
		Proximal					
		Distal					
		Radial					
		Other Plea	se Specify:				

(CC	NCURRENT) PRIMARY DIA	GNOSIS #	Please see Que	s.#5 to ident	fy Site
		-	for each primary dia			,
73.	Grade of Prin	nary:				_
		Moderately Differentiated	Poorly Differentiated	Undifferentiated	Unknown	
]
74.	Cell Type:					
	Adenoca.					
	NOS					
	Mucinous					
	Signet ring					
		ase specify:				
	Unknown					
75.	Vascular Inva	asion:				
	Yes					
	No					
	Unknown					
76.	Lymphatic In	vasion:				
	Yes					
	No					
	Unknown					
77.	Perineural In	vasion:				
	Yes					
	No					
	Unknown					

	ologist(s):		Not asse	essed	- 1-			
1.					3.			
2.					4.			
Yes Ty	motherapy ype Adjuvant Palliative	given (If yes, No (Pls. go			reatment nown	table below 8	attach all flow sl	neets):
Height		Weight	R	S.S.A.				
ricigne	cm		(g _		n2			
□ Unkno		□ Unknown		Unknov				
	W CRC P		T (For co	-			ycle <i>separately</i> e. ttached Y/N: Date Given	g. 1, 2, 3, 4)
				- J				Therapy Response
								□ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown □ Progression □ Stable
								☐ Minor☐ Partial☐ Complete☐ Unknown
								□ Progression□ Stable□ Minor□ Partial□ Complete□ Unknown
								 □ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown
								 □ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown
								 □ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown

				□ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown □ Progression □ Stable □ Minor □ Partial □ Complete □ Unknown				
79. Radiation given (<i>please atta</i> Yes Type No	uch all flow sheets, wher Unknown	e available):						
80. Date of Death: DD MM YYYY 81. Cause of Death (please atta)	nch copy of death certific	cate if available):						
□ Colorectal cancer	• •	•						
Other, No colorectal present Please specify:								
Other, colorectal present Please specify:								
Unknown								
82. Autopsy performed (please attach copy of report if available): Yes								
□ Unknown								
Unknown 83. Location of Death:								
Unknown 83. Location of Death: Hospital Please speci	fy:							
Unknown 83. Location of Death: Hospital Please speci Home								
Unknown 83. Location of Death: Hospital Please speci Home Hospice Please speci	fy:							
Unknown 83. Location of Death: ☐ Hospital Please speci ☐ Home ☐ Hospice Please specii ☐ Other Please specii	fy:							
Unknown 83. Location of Death: Hospital Please speci Home Hospice Please speci	fy:							
Unknown 83. Location of Death: ☐ Hospital Please speci ☐ Home ☐ Hospice Please specii ☐ Other Please specii	fy:							
Unknown 83. Location of Death: Hospital Please speci Home Hospice Please speci Other Please speci	fy: fy:	DR.						

Date form Completed:	(dd/mmm/yyyy)	
Abetractor's Initials		
Abstractor's Initials:		
ADDITIONAL NOTES:		_
		_
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